

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 89/936566 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10	1					
11	1					
12	1					
13	1					
14		4				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	24	↓	↓	↓	↓	↓
TOTAL CLAIMS	26	↓	↓	↓	↓	↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
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100						
TOTAL IND.						
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS						